



TSAB NTAWV NTAWM KEV KOOM NYOB UAKE
STATEMENT OF SHARED LIVING ARRANGEMENT

CHAW HAUJLWM PAB PEJXEEM (CSO)	TUS XOVTUOJ
TUS THOV KEV PAB ID NUMBER	HNUB

Tsab Ntawv ntawm Kev Koom Nyob Noj Haus Uake qhia txog koj thiab lwm cov tibneeg nyob uake hauv koj qhov chaw nyob koom nyiaj txiag rau khoom noj, nqi xaub tsev, thiab nqi kev siv lwmyam hauv vajtse. Ntxiv dua lwm daim ntawv ntxiv yog tsis txaus.

1. TUS THOV KEV PAB LUB NPE	2. TUS XOVTUOJ () -	3. TAS NRHO TIBNEEG PESTSAWG LEEJ NYOB QHOV CHAW NO
4. TXOJ KEV CHAW NYOB	LUB ZOS	LUB XEEV ZIP CODE

5. Teb kom tas cov lawv qab no qhia txog cov LAUS (noob nyooq 18 thiab tshaj saud) uas nyob hauv koj qhov chaw nyob.

LUB NPE	NABNPAWB XAUSAUS	HNUB YUG	TXHEEB ZE RAU KUV (TUB, NIAM, PHOOJYWG, ETC.)	KOOM NYIAJ YUAV/UA NOJ LOSSIS NROG KHOOM NOJ KUV NOJ UAKE			
				YOG	TSIS YOG	YOG	TSIS YOG
a.							
b.							
c.							
d.							

6. Teb kom tas cov lawv qab no qhia txog cov MENYUAM (hauv qab 18 xyoo) uas nyob hauv koj qhov chaw nyob:

LUB NPE	NABNPAWB XAUSAUS	HNUB YUG	YOG TXHEEB ZE KUV?		TXHEEB LWM TUS TIBNEEG LAUS UAS NYOB HAUV QHOV CHAW NYOB NO?			
			YOG	TSIS YOG	ZE LICAS?	YOG	TSIS YOG	YOG TIAS YOG, LEEJTWG?
a.								
b.								
c.								
d.								
e.								
f.								

7. Qhia kev siv nyiaj txiag

Tus nqi xaub tsev tej lub hlis tamsim no rau koj qhov chaw nyob TSIS TXHOB SUAV COV NYIAJ CAS TSEV, XAUB QAB HLIS, ETC. \$	Koj puas muaj cua sov lossis cua txias uas tsis suav nrog rau tus nqi xaub tsev? <input type="checkbox"/> Yog <input type="checkbox"/> Tsis yog • Nqi rau cua sov; nqi los mus qhib lub cua sov rau cov chaw nyob. • Nqi rau cua txias; nqi los mus qhib lub cua txias lossis lub cua txias hauv tej chaw. • Tsis txhob suav nqi ua noj haus ntawm qhov cub lossis qhov cub ci; nrhiav roj av los ua cua sov; lossis kiv cua los ua cua txias. Koj puas muaj dua lwmyam nqi faisfab, dej, lossis khibnyiab uas tsis suav nrog rau nqi xaub tsev? <input type="checkbox"/> Yog <input type="checkbox"/> Tsis yog Koj puas muaj nqi xovtooj uas tsis suav nrog rau nqi xaub tsev? <input type="checkbox"/> Yog <input type="checkbox"/> Tsis yog
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8. Teb kom tas cov lawv qab no qhia saib koj thiab lwm tus laus uas nyob koj qhov chaw nyob no faib nqi tej lub hlis licas.

Rau thawj kab, sau tus nqi uas koj them rau tej kev siv. Rau lwm kab, sau lwm tus lub npe thiab lawv them pestsawg rau tej kev siv.

LUB NPE	TEJ KEV SIV				
	NQI XAUB TSEV	CUA SOV/CUA TXIAS	FAISFAB, DEJ, Khibnyiab	XOVTUOJ	LWMYAM
Kuv Them	\$	\$	\$	\$	\$
a.	\$	\$	\$	\$	\$
b.	\$	\$	\$	\$	\$
c.	\$	\$	\$	\$	\$
d.	\$	\$	\$	\$	\$

Txhua tus tibneeg 18 xyoo thiab tshaj saud yuav tsum suamnpe thiab sau hnuab rau daim foos hauv qab no.

Kuv lees paub, hauv txojcai nplua ntawm kev dag, tias cov lus teb ntawm no qhia tau peb qhov kev koom nyob noj haus uake niam no.

TUS THOV KEV PAB SUAM NPE	HNUB	SUAM NPE	HNUB
TUS THOV KEV PAB SUAM NPE	HNUB	SUAM NPE	HNUB

YOG YUAV TEB KOM TAS LOS NTAWM COV TIBNEEG UA HAUJLWM UAS PAUB TXOG NYIAJ TXIAG:
TO BE COMPLETED BY FINANCIAL SERVICES SPECIALIST:

	YES	NO	
Is this form completely filled out, signed, and dated by all adults living at the address?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, did you take any other actions?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to determine the relationship of each child to adult household members?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, did you request additional verification?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have sufficient information to process the change in household composition?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, did you request additional information/verification?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the total rent in section 8 equal the amount in section 7?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, did you request collateral information/statement?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Did you forward a copy of this form to the FSS handling the other client reported on the form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>